

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1 Las Vegas, NV 89118 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PEDIATRIC DENTISTRY SPECIALISTS PEDIATRIC MODERATE SEDATION ADMIN PERMIT APPLICATION (Administration of Moderate Sedation to pediatric patients)

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Name: Lic Dental Practice Name:					_	Check box if you are applying for a Site Permi for this same office location as well	
Office Addr							
Office Telep				Office Fax			e
DENTAL EDUCATION					SPECIA	ALTY PRO	GRAM
University/ College:				University/ College:			
Location:				Location:			
Dates attended:	/ to	/	Degree Earned:	Dates attended:	/	/	Degree Awarded:
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<u>The following information and documentation must be received by the Board office prior to consideration of a MODERATE SEDATION permit:</u>

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a specialty program accredited by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training.
- 4) Valid certification in Pediatric Advance Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

Office Site Permit

I hereby make application for a <u>Pediatric Moderate Sedation Permit</u> to administer moderate sedation to <u>pediatric patients</u> from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation <u>ONLY</u> to <u>pediatric patients</u> at the address listed above. If I wish to administer moderate sedation to <u>pediatric patients</u> at another location, I understand that each site must be inspected and issued a <u>"Pediatric Moderate Sedation Site Permit"</u> and/or a "<u>Moderate Sedation Site Permit</u>" by the Board prior to the administration of moderate sedation to <u>pediatric patients</u>. I understand that this permit, if issued, allows only <u>me</u> to administer moderate sedation to <u>pediatric patients</u>.

I also understand that this permit does **NOT** allow for the administration of <u>deep sedation</u> or <u>general anesthesia</u> by me, a physician, nurse anesthetist, or any other person. I have read and I am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation to pediatric patients.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant	
Date	

**APPLICATION FOR PEDIATRIC MODERATE SEDATION ADMINISTRATION **

Certification of completion of a specialty program accredited by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education and training described in subsection (1) of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to pediatric patients and submit proof of the successful administration as the operator of moderate sedation to not less than 25 pediatric patients.

SUBMISSION OF NO LESS THAN 25 CASES OF MODERATE SEDATION ADMINISTRATION

CASE LOG COVERSHEET:

(LIST IN CHRONOLOGICAL ORDER BY DATE AND LABEL ALL SUPPORTING CASE/CHART RECORDS BY PATIENT NAME OR NUMBER CORRESPONDING)

	DATE:	TIME:	PATIENT NAME/CASE	MEDICATION ADMINISTERED	
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